U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
AUG	- 8	2005

1. File Number U - 3917

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

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	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Beverly S. Ware	Name Directors Guild of America, Inc.
· · · · · · · · · · · · · · · · · · ·	Labor Organization File Number 000-018
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P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7920 Sunset Boulevard	Street 7920 Sunset Boulevard
City Los Angeles	^{City} Los Angeles
State California ZIP Code + 490046-0907	State California ZIP Code + 4 99046-0907
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, or o	sions set forth in the instructions): derived income or other economic benefit of
monetary value from an employer whose employees your organization	Y
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Name Trade Name, if any:	
Trade Name, if any:	7.b. Amount.
Trade Name, if any:	7.b. Amount.
Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.b. Amount.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete (See the se	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Beverly S. Ware	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name **Control **Code + 491505 - 5513* Name **Control **Code + 491505 - 5513* Name **Code + 491505 - 5513*	a. Labor Organization XX b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Law Firm		
Street	11.b. Approximate dollar value of such dealing.		
City State ZIP Code + 4	12.a. Nature of interest held or income received. Business lunch on 2/12/04		
	12.b. Amount. \$35.31		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			

14.b. Amount of payment.

13.b. is the Business an Employer

State

ZIP Code + 4

or Consultant

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